

Exhibit D

BILL EACH ORDER ON SEPARATE FORM

STANDARD CLAIM FORM**CITY OF NEW ROCHELLE**

515 North Ave. NEW ROCHELLE, NEW YORK 10801 TEL. 654-2068

For legal stamp only

		TO BE COMPLETED BY VENDOR			VENDOR LEAVE BLANK Claim Number 001668
DEPARTMENT PO BOX		LOCATION TO WHICH DELIVERED			
VENDOR'S INVOICE NO.		INVOICE DATE	2/15/07	TERMS	ACCOUNT NO. PDP835
VENDOR COMPLETE A, B, C, D, E IF APPLICABLE					
A. DATE 2-15-07	B. CONTRACT REQUIREMENT (SPECIFICATION)	C. N.Y. STATE CONTRACT NO. (IF APPLICABLE)	D. PURCHASE ORDER NO.		

(TO BE COMPLETED BY VENDOR)

VENDOR'S NAME
Iona College
715 North Avenue
New Rochelle, New York 10801

INSTRUCTIONS TO VENDOR.

1. PREPARE ALL FOUR COPIES OF THIS FORM ON DATE OF SHIPMENT. USE INK, TYPEWRITER OR INDELIBLE PENCIL.
2. SEND FIRST THREE COPIES DIRECTLY TO DEPARTMENT RECEIVING THE ORDER, CITY HALL, NEW ROCHELLE, N.Y. 10801.
3. RETAIN FOURTH COPY FOR YOUR FILE.
4. INDICATE WHETHER INVOICE REPRESENTS:

 PARTIAL DELIVERY FINAL OR COMPLETE DELIVERY

VENDOR LEAVE BLANK

TO BE COMPLETED BY VENDOR

QUAN.	UNIT	DESCRIPTION	UNIT PRICE	TOTAL AMOUNT	VENDOR LEAVE BLANK
		Tuition Reimbursement for Araz Alali as per contract for Year 2006		\$5,714.00	
TOTAL					\$5,714.00

FEDERAL TAX EXEMPTION REGISTRATION
NO A-146133

THE CITY OF NEW ROCHELLE IS EXEMPT FROM PAYMENT OF ALL FEDERAL, NEW YORK CITY AND STATE TAXES. DO NOT INCLUDE TAXES WHEN SUBMITTING CLAIMS.

I HEREBY CERTIFY THAT TO MY KNOWLEDGE AND BELIEF THE ABOVE CHARGES ARE JUST AND TRUE, THAT THE SERVICES CHARGED HAVE BEEN RENDERED; THAT ANY DISBURSEMENTS INCLUDED WERE MADE FOR OUR ACCOUNT; THAT THE ARTICLES CHARGED HAVE BEEN FURNISHED IN ACCORDANCE WITH SPECIFICATIONS; THAT NO PART OF ABOVE CHARGES HAVE BEEN PAID EXCEPT AS INDICATED; THAT THERE ARE NO OFFSETS AGAINST SUCH CHARGES.

AUTHORIZED SIGNATURE OF VENDOR AND TITLE

(TO BE COMPLETED BY ACCOUNTING DIVISION)

USING BUREAU OR DEPARTMENT APPROVAL

THE ABOVE SERVICES OR MATERIALS WERE RENDERED OR FURNISHED TO THE CITY OF NEW ROCHELLE ON THE DATES STATED ON DELIVERY SLIPS AND THE CHARGES WERE CORRECT.

2-15-07

Date

Director

Commissioner

PURCHASING DEPARTMENT APPROVAL

BASED UPON DELIVERY SLIPS, ACKNOWLEDGED, PURCHASE ORDER, EMERGENCY AUTHORIZATION ORDER, AND/OR REQUISITION CONFIRMATION AUTHORIZATION, I HEREBY CERTIFY THAT THIS CLAIM HAS BEEN RENDERED IN ACCORDANCE WITH THE CONTRACT, OR ACCEPTED ESTIMATE.

PRE-AUDIT APPROVAL

APPROVAL FOR PAYMENT

DATE

SIGNATURE

DATE

DIRECTOR OF FINANCE

TOTAL AMOUNT \$

DISCOUNT \$

NET AMOUNT \$

PAID BY CHECK NO.

104570

MAR 23 2007

DATE OF CHECK



715 North Avenue
New Rochelle, NY 10801-1890
(914) 633-2497
sfs@iona.edu

Student Name: Araz Alali
Account Number: 0274400
Statement Date: 01/24/2007
Invoice Period: Spring 2006
Due Date: Past due

This statement is now past due, a copy will be sent to the employer and the student.

Account Summary:

Prior Balance	3,971.00
Prior Pending Aid	0.00
Prior Unpaid Balance	<u>3,971.00</u>
Current Charges	3,971.00
Payments	0.00
Current Pending Aid	<u>0.00</u>
Amount Due	7,942.00

Posted Date	Item Term	Listing of Charges and Credits	Charges	Credits
02/24/2006	Spring 2006	Tuition - Undergrad Evening	3,896.00	
02/24/2006	Spring 2006	Registration Fee	35.00	
02/24/2006	Spring 2006	Technology Fcc	20.00	
02/24/2006	Spring 2006	Recreation Facility Fee	20.00	
Total Enrolled Credits: 8.0		Total of Charges and Credits	3,971.00	

Unapplied Financial Aid: Any amount listed below as "Unapplied Financial Aid" represents estimated Financial Aid NOT yet CREDITED to this account. Any amounts listed are contingent upon their receipt and the fulfillment of all applicable Federal, State and Iona College requirements.

Term	Award Descr	Amount
	No Pending Financial Aid	

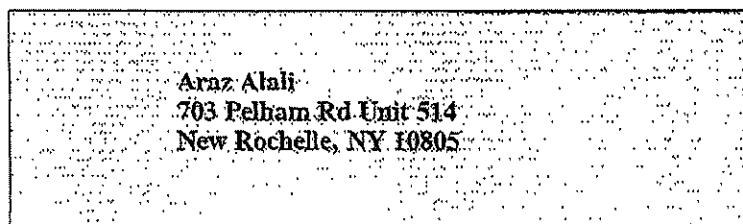
4/1/2007
1234567890
1234567890

Return this portion with your payment.

Please send all Credit Card payments to:

Iona College, SFS Office
715 North Avenue
New Rochelle, NY 10801

* FOR ALL OTHER PAYMENTS, USE THE ENCLOSED ENVELOPE *



Account Number	0274400
Amount Due	7,942.00
Amount Paid	<u> </u>

We accept VISA, MasterCard, Discover & AMEX

MAR 23 2007



Bank of America Direct®

City of New Rochelle
515 North Avenue
New Rochelle, NY 10801
DISBURSEMENT ACCOUNT

Vendor Number 1431 Check Date 03/23/2007 Check Number 1-32/210
104570

Pay **\$5,714 DOLLARS AND NO CENTS**
To The Order of **IONA COLLEGE**

Bank of America
0274440

\$5,714.00
Signature
Treasurer
Commissioner of Finance

104570 00210003220 94035 659120 000005714000

ENDORSE HERE
PAY TO THE ORDER OF
WACHOVIA
▼ 026012881 ▲
FOR DEPOSIT ONLY
IONA COLLEGE
OPERATING ACCOUNT
200008804727
031200730
WACHOVIA NA SVC/51 36687
PHILA, PA 03222897 12K
645507
645507

Check Info	
Account:	9403565912
Amount:	5,714.00
Check #:	104570
Posted Date:	03/29/2007

Bank of America, N.A. Member FDIC.
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